

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY STATE ATHLETIC COMMISSION

PLEASE SUBMIT APPLICATION TO: 50 MAPLE STREET . MILFORD, MASSACHUSETTS 01757

APPLICATION FOR PROMOTER'S LICENSE Please check sport which you are seeking Licensure: BOXING MMA UNARMED COMBATANT:

BACKGROUND INFORMATION										
NAME	Middle Initial		Last							
ADDRESS			Last							
Street		City		State	Zip					
DAYTIME TELEPHONE # (.)	SOCIAL SECUR	ITY #							
DATE OF BIRTH/ PLACE OF BIRTH										
E-MAIL ADDRESS		OCCUPATIO	N							
EMPLOYER'S NAME										
EMPLOYER'S ADDRESS										
Stre	et	City	State	Zip						
EMPLOYER'S TELEPHONE #	()		_							
ARE YOU LICENSED AS A PROMOTER IN ANY OTHER JURISDICTIONS?										
JURISDICTIONS IN WHICH YO	U ARE LICENSED									



THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION (check box indicating compliance) \$150 application fee two 1 inch by 1 inch photographs of the applicant's head (without headwear) copy of a government issued photo identification (e.g driver's license) statement of net worth									
EXPERIENCE PLEASE DESCRIBE YOUR EXPERIENCE IN THE SPORT OF BOXING/ MMA OR BUSINESS MANAGEMENT THAT YOU BELIEVE QUALIFIES YOU TO PROMOTE A BOXING/ MMA EVENT.									
[] (OPTIONAL) \Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is: Arabic Chinese French German Italian Korean Polish									
	Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other			
ATTESTATION I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law. Signature of applicant Date									
AP DA	ATE OF COMM PPROVED ATE LICENSE I CASON FOR DE	IISSION REV _ DENIED MAILED:	/IEW:		E ONLY				

